

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

APPLICANT(S)

10/580583

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51			1			
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
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15							65						
16							66						
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18							68						
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29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35			1				85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44			1				94						
45							95						
46			1				96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	↓	3	↓		↓	
TOTAL DEP.	←		←		←		TOTAL DEP.	←	16	←		←	
TOTAL CLAIMS							TOTAL CLAIMS		19				